

**ARIZONA TRAUMA SYSTEM
QUALITY ASSURANCE AND SYSTEM IMPROVEMENT (AZTQ) COMMITTEE
MINUTES**

**January 18, 2007
150 North 18th Avenue, Conference Room 540-A**

Members Present:

Marcia Barry	Jane Burney
Brenda Sutton	Bill Ashland
Debbie Johnston	Philip Johnson
Linda Worthy	Pam Goslar
Kelly Silberschlag	Charlann Staab
Michelle Guadnola	Richard Porter
Victor Garcia	

Members Absent:

John Porter (Chairman)
Jeff Farkas
Marc Matthews
Michelle Ziemba
Scott Petersen

I. CALL TO ORDER

Marcia Barry, Vice Chair, called the regular meeting to order at 8:40 a.m. A quorum was present.

II. DISCUSSION and Action on January 18, 2007 Minutes

- A motion was made by Linda Worthy and seconded by Brenda Sutton to approve the minutes of November 2, 2006. **Motion carried.**

III. ARIZONA DEPARTMENT OF HEALTH SERVICES ITEMS:

A. Introduction of New Member – Victor Garcia – Representing an Urban Non-Trauma Acute Facility

- Marcia Barry introduced Victor Garcia to the Committee

B. American College of Surgeons (ACS) Trauma System Consultation Visit - Update

- Vicki Conditt reported that an initial American College of Surgeons (ACS) work group meeting was held on December 19, 2006. The logistics of the ACS consultative visit on June 26 – 29, 2007 were discussed. The Pre-review questionnaire was distributed and everyone was asked to answer each question as best as they can. All the responses will be compiled from the state's perspective, a trauma center's perspective and from the region's perspective.

Item: ACS Consultative Visit Work Group

Follow Up: Next Meeting

When: February 6, 2007

Who: Vicki Conditt

- Terry Mullins, Bureau Chief announced that the Bureau now has a Biostatistician; her name is Vatsal Chikani.

- Terry Mullins recommended that all members provide as much information about incidents and the nature of trauma in the state of Arizona for the ACS Pre-review Questionnaire. The information will then come back to AZTQ as a report.

IV. DISCUSSION AND ACTION ITEMS

A. Update on Status of State Trauma Registry – Anita Ray

- The Arizona State Trauma Registry has (ASTR) 11 reporting hospitals, 7 are designated as Level I trauma centers. Data is submitted quarterly based on ED Arrival Date. 9 out of the 11 reporting hospitals have submitted third quarter data due January 2nd. One of these submissions was partial data. Three out of the 11 facilities are working to catch up on data entry to meet deadline requirements.
- We are continuing to identify corrections to the system that need to be made. The E-code reporting issue has been resolved. From running reports, we can tell there are several data entry issues, especially with regards to blank fields for required data elements. Data audit filters are needed to help assess the data as it is coming in.
- The software vendor is finishing conversion of the database from FoxPro to Oracle to increase the capacity of the database.
- We are working with our ITS department and hospital staff to implement electronic data submission.
- Another Trauma Registry Users Group (TRUG) meeting was held November 14th. The next TRUG meeting is scheduled for 1/25/07 to discuss the differences between state and national trauma registry required data elements.
- The draft Trauma Registry User Manual is being emailed out in sections to TRUG members for review.
- The trauma registry rulemaking work group met on 1/10/07 and discussed registry inclusion criteria. Another rulemaking meeting is scheduled for next month.

1. TRUG Discussion – National Trauma Registry Data Elements

- Anita reported that there are 24 fields that would need to be added to Trauma One and a couple of those are auto-generated.
- In order to align the ASTR with the National Trauma Data Standards, there are several picklist and system changes that would also need to be made.
- We are in the early phase of the draft rulemaking process so we can incorporate data elements.
- Discussion ensued regarding adding Hospital Admission Time to required data elements.
- Discussion ensued regarding clarification of ED Exit Date/Time.
- This process will be discussed further with TRUG.
- It was suggested that we could incorporate by reference the data elements from the National Trauma Data Bank (NTDB) as published by ACS in their new green book. However, if changes are made to the NTDB data elements,

are rules will also need to change, which is a lengthy process.

- It was recommended that both data points be collected:
 - One when the patient leaves the ED and one when the orders are written
 - The problem would be that some hospitals have a holding area
 - There was concern that some hospitals might not want to contribute in this data collection
- It was recommended that we ask the trauma registrars how they are defining the ED Exit Date/Time?
- There was also concern because not all hospitals are trauma centers so none of their trauma patients are being admitted.
- A motion was made by Pam Goslar and seconded by Marcia Barry to direct Anita Ray to take this item (TRUG Discussion – National Trauma Registry Data Elements) back to TRUG and provide a recommendation from TRUG to AZTQ. **Motion carried.**

Item: TRUG Discussion – National Trauma Registry Data Elements
Follow Up: Next TRUG Meeting
When: January 25, 2007
Who: Anita Ray

B. Statement of Compliance Forms – Members who were absent for the last meeting

- Members who did not fill out a form at the last meeting were handed a form. They filled out, signed, and returned the forms. So we now have them on file in case any future meetings go into Executive Session.

C. Rulemaking Work Group Update

1. Trauma Registry
2. Trauma Registry Inclusion Criteria

- The first meeting was on January 10, 2007 and the next meeting will be held on February 13, 2007. The focus of the first meeting was trying to streamline and clarify the patient registry inclusion criteria. The draft rulemaking will be posted on the Office of Administrative Rules website. Once the draft is completed, it will go to STAB for final approval.

D. AAAM/AIS Code and ICD-9-CM Code State Required Data Elements

- The ASTR currently has two State required fields related to injury coding. Several facilities have indicated that the collection of both of these codes is time-consuming and that resources are limited. The request was made by more than one facility that ADHS and STAB consider requiring the reporting of only one injury code.
- A question was asked whether the NTDB requires ICD-9-CM.
- It was recommended that we ask TRUG how many level I's are collecting both?
- Is the ICD-9-CM Code being done by registrars?

- A question whether or not we want to mandate both codes.
- A motion was made by Pam Goslar and seconded by Jane Burney that all participating hospitals submit to the trauma registry their ICD-9-CM as required by the NTDB. The level I trauma centers will also be required to submit the AAAM/AIS coding (full coding for the severity score). Other hospitals may choose to also submit AAAM/AIS codes. **Motion carried.**

E. Inter-rate Reliability Test

- Georgia Yee reported that she has been talking to Clay Mann because they have actually performed case studies. They are still in the investigative stage. The goal is to get some test cases and submit to all the registrars that are actually coding data and ask them to code the information. This will allow us to conduct an analysis to determine the reliability of the data and to ensure that the registrars are interpreting the user manual correctly and coding the data correctly, and to identify gaps indicating where additional training is needed. The easiest approach would be to have everyone enter it in their database. This may also identify computer issues and they the mapping could be checked.
- A unique identifier would be necessary.
- After consulting with some of the expert registrars, a gold standard could be developed.

F. Update on addition of 2 performance indicators as determined by STAB 11/02/06

- Vicki stated that STAB wanted these two data elements added to the Required Level IV Data Elements to be reported:
 - Was Patient Intubated? (Prehospital)
 - Paralytic Status (Prehospital)
- Performance Indicators determined by STAB on 11/02/06 - data elements necessary to determine the following:
 - Patient transferred from one facility to another after 6 hours
 - Patients transferred with open fractures (injury to wash out > 8 hours)
 - Patients transferred to more than one facility
 - Patients who die in non-level I centers after 24 hours or longer stay

G. Review trauma registry data/reports

- Due to the material of the reports, an Executive Session was not necessary.
- Two reports were reviewed:
 - The 2005 Trauma Data Report has been updated and it is on the website
 - This report was based on the performance indicators that AZTQ and STAB had recommended
 - There are a lot of blanks in the system
 - These numbers are not reflective of what was happening in 2005
 - This is a good way to see where the blanks are and try to improve the accuracy of the data

V. CALL TO THE PUBLIC:

No one came forward.

VI. SUMMARY OF CURRENT EVENTS

VII. ANNOUNCEMENT OF NEXT MEETING

The next AZTQ meeting will be held on April 19, 2007.

VIII. ADJOURNMENT

The meeting adjourned at 10:05 a.m.

Approved by: AZTQ Committee

Date: April 19, 2007